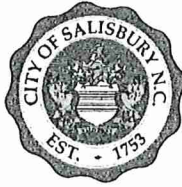


Print Name



Complaint Form

It is City of Salisbury policy to investigate all complaints and take appropriate action. Please use this form to document your complaint and submit it to your immediate supervisor and/or Human Resources.

Your Name	Title
Department	Supervisor/Department Head
The person(s) involved in this complaint are:	
Relief Sought:	
Description of complaint (Please include any relevant dates, locations, events etc. pertaining to the complaint. Attach a separate sheet if necessary):	

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint.

Signature

Date _____

HR Representative Signature



HR Representative (Print Name)

Date _____